

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

RECEIVED

JAN 18 2008

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Elect Kas Kelly

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Kas Kelly

Political Party (if applicable)
Democrat

Office Sought

County Supervisor

District (If Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged in

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Michelle L. DeLeo

SIGNATURE OF PERSON FILING REPORT

319-321-0102

TELEPHONE

Jan. 18, 2008

DATE SIGNED

I AM FILING A Jan. 19, 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov. 2, 2004

County & Local Committees, enter County in
which Election is held
Muscatine

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

669.36

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

747.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

1,416.36

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

255.79

Schedule F: Loan Repayments total (Attach Schedule F)

1,160.57

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Elect Kas Kelly

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/17/07	ID# CK#	Anne F. Lcsnot 309 W. 2nd Street; Muscatine, IA 52761		\$100.00	<input checked="" type="checkbox"/>
07/17/07	ID# CK#	Sally A. Meisinger 2111 Bidwell Road, Apt A6; Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
07/17/07	ID# CK#	Roberta H. Gabbard 2698 Northwood Way; Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
07/17/07	ID# CK#	Unitemized Contributions		40.00	<input checked="" type="checkbox"/>
07/18/07	ID# CK#	Marlyn Schepers 413 W. 3rd Street; Muscatine, IA 52761		30.00	<input checked="" type="checkbox"/>
07/18/07	ID# CK#	Unitemized Contributions		50.00	<input checked="" type="checkbox"/>
07/19/07	ID# CK#	Thomas R. Kautz 205 Cherry Street; Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
07/19/07	ID# CK#	Unitemized Contributions		70.00	<input checked="" type="checkbox"/>
07/20/07	ID# CK#	O. Richard Maeglin P.O. Box 382; Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
07/20/07	ID# CK#	James C. Beach 2221 Fareway Drive; Muscatine, IA 52761		40.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 505.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Elect Kas Kelly

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/20/07	ID# CK#	Andrea G. Pustell 301 Parkington Drive; Muscatine, IA 52761		\$25.00	<input checked="" type="checkbox"/>
07/20/07	ID# CK#	Sandra Johnson 696 Perdock Court; Washington, IA 52353		25.00	<input checked="" type="checkbox"/>
07/20/07	ID# CK#	Dr. Joe Seng 4804 North West Blvd.; Davenport, IA 52806		25.00	<input checked="" type="checkbox"/>
07/20/07	ID# CK#	Unitemized Contributions		87.00	<input checked="" type="checkbox"/>
07/21/07	ID# CK#	Unitemized Contributions		20.00	<input checked="" type="checkbox"/>
07/22/07	ID# CK#	Unitemized Contributions		20.00	<input checked="" type="checkbox"/>
07/24/07	ID# CK#	Unitemized Contributions		20.00	<input checked="" type="checkbox"/>
08/03/07	ID# CK#	Unitemized Contributions		20.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 242.00	
TOTAL (if last page of this schedule)				\$ 747.00	

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Elect Kas Kelly

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/13/07	ID# CK#	United States Postal Service Muscatine MPO Muscatine, IA 52761-9998	Postage to mail invitations for fundraising event.	\$ 77.53
07/19/07	ID# CK#	Wal-Mart Supercenter 3003 Hwy 61 N Muscatine, IA 52761	Refreshments (pop, ice cream) for fundraising event and supplies for serving them (cups, plates, spoons).	121.14
07/20/07	ID# CK#	HyVee 2400 2nd Avenue Muscatine, IA 52761	Dry ice and ice for refreshments to be served at event.	11.72
08/21/07	ID# CK#	United States Postal Service Muscatine MPO Muscatine, IA 52761-9998	Postage to mail thank-you cards.	45.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 255.79
TOTAL (if last page of this schedule)				\$ 255.79

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(I).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Elect Kas Kelly

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
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☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
07/11/07	Kas Kelly 1548 Washington St; Muscatine, IA 52761	Self	Envelopes for invites, thanks.	\$ 35.27	<input checked="" type="checkbox"/>
07/20/07	Strawberry Farm Bed & Breakfast 3402 Tipton Rd; Muscatine, IA 52761		Accommodations for event (house, yard)	225.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 260.27	
TOTAL (if last page of this schedule)				\$ 260.27	

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